

# WOTA Registration Form

250 W Livingston Road, Highland, MI 48357

[info@ridewota.org](mailto:info@ridewota.org)

Please complete the following information to be registered with WOTA.

## Rider Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Disability? \_\_\_\_\_ Explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Companion Rider Name\*: \_\_\_\_\_

If you or your spouse area a veteran, please circle the word "Yes" YES

Race (for funding purposes only): \_\_\_\_\_

\*All companion riders must be 18 years or older and complete a separate registration form.

## Rider Specifics

The following provides WOTA with information for accurate funding sources, fares and rider needs. Please place an "x" next to all that apply.

### Demographics

\_\_\_\_\_ Senior (55+)

\_\_\_\_\_ Disabled+

\_\_\_\_\_ Low Income (under 55)

\_\_\_\_\_ Minor (under 18)

\_\_\_\_\_ Companion Rider

**\*All with disabilities must submit a professional verification form within 60 days.**

### Mobility Device\*\*

\_\_\_\_\_ Wheelchair

\_\_\_\_\_ Wheelchair XL

\_\_\_\_\_ Walker

\_\_\_\_\_ Scooter

\_\_\_\_\_ Service Animal

**\*\*Mobility devices cannot weigh more than 850 lbs. including the passenger or exceed 33" wide.**

## Approvals and Signature

For promotional and historical purposes, we occasionally take pictures of riders/vehicles/drivers; by signing this form you consent to us using your picture. If you do not want your picture used, please circle the word "NO" at the end of this sentence. NO

I have read and understand the rules and regulations regarding the use of transportation through the Western Oakland Transportation Authority (WOTA). By signing this form, I acknowledge:

1. The above information is correct, and the address is where I reside. I understand that submitting false information is just cause for refusal of service.
2. I will follow the rules and regulations for scheduling and riding the organization's vehicles.

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_